

GAIL'S TESTIMONY

Good afternoon, my name is Gail Krieger and I am here on behalf of the Michigan Domestic and Sexual Violence Prevention and Treatment Board. Our Board supports this legislation and we would like to thank Representative Walsh, Senator Johnson, and Senator Jones for taking on this this issues and the tremendous leadership provided by PAAM and Prosecutor Worthy who has been a true champion in Michigan and across the country for sexual assault victims.

The forensic testing of sexual assault evidence kits (SAK) require by this proposal will result in the identification of serial perpetrators, create greater opportunities to apprehend those perpetrators, and provide justice and healing for some victims of sexual assault.

As you are aware, in cases of stranger assault, where the perpetrator is unknown, forensic testing can be the critical piece of evidence that can identify the assailant and bring him or her to justice.

But often underestimated is the value of this evidence in cases where the perpetrator is known to the victim and consent is the primary issue. In these instances forensic testing has four powerful results. First, testing can force the perpetrator into an admission. Second, testing can corroborate the victim's account of the assault by providing a map of the assault on the body--through saliva, semen, bike marks or evidence of additional penetrations. Third, testing can bolster the entire case by meeting jury's deeply held expectations. And fourth, and most importantly, testing and uploading results to CODIS can powerfully demonstrate the serial nature of this crime.

Research demonstrated that sexual assault perpetrators are serial offenders—60-70% of offenders commit an average of 6 sexual assaults and 8 additional victimizations including child abuse and domestic battery.^[1] That is an average of 14 assaults per perpetrator. The results from testing in Detroit powerfully demonstrate the same type of results. Significantly, over 90% of all sexual assaults are committed by serial perpetrators.^[2] This means that for any given sexual assault reported to law enforcement there is a 90% chance it was committed by a serial perpetrator.

Unfortunately, many initial reports of sexual assault are quickly dismissed, particularly where consent is a primary issue or where the circumstances are perceived as “he said/she said.” A trail of results in CODIS can turn a “he said/she said” case, into a case of “she said” and “she said” and “she said.” And for a victim of sexual assault, the existence of other victims, either in the past or the future, can be a huge factor in summoning the courage that it takes to participate in the criminal justice process now or at some future date.

The Bill has two other key features that are important for victims. First, it provides for a process to ensure that law enforcement agencies retrieve released SAKs from health facilities in a timely manner. Currently, some health providers report that SAKs can remain unclaimed by law enforcement for months, particularly in cases where the exam and the assault happened in different jurisdictions, or if the victim is unsure of what jurisdiction he or she was in at the time of the assault. Providing timelines and a process for multiple jurisdictions ensures that SAK will not be abandoned at health facilities or fall through the cracks as a result of jurisdictional issues.

Second, the bill directs health facilities store unreleased SAKs for one year. Currently, if a victim chooses not to release the SAK to law enforcement, health facilities are under no obligation to store the SAK. Providing for storage of an unreleased SAK allows victims time to make a decision about whether to participate in the criminal justice process. This breathing room and storage mandate will ultimately result more victims agreeing to evidence collection and more victims releasing evidence to law enforcement.

Thank you for your time today.